

>> Hello, my name is Charles Collins and I'm going to give you an overview

of the high impact prevention intervention and services for Funding Opportunity Announcement PS 15-1502.

The first of these is for targeted HIV testing. What do we mean by targeted HIV testing?

We mean persons who are at high risk of acquiring HIV and persons who are infected

with HIV but not aware of their status. Now, in this program announcement we are asking you to name your targeted population that you will be providing services and the majority of approximately 75 percent of your testing activities should we be directed towards the target population that you specify in your funding proposal.

Let's talk a little bit about what are the components of HIV testing.

First of all, this should be a brief risk assessment to make sure that the person is

in the target population that you specified in your grant application.

And then there should be brief risk reduction education messaging that really focuses

on how is HIV transmitted, what is the meaning of the window period, and also what is the meaning of an HIV negative or an HIV positive test. After testing your staff can assess further needs and services that need to be provided such as high impact prevention interventions and other services.

Now, what do you do with an HIV positive person if you have identified a new HIV positive person? Well, of course the first thing you do is

to support the client's emotional response to the test results.

It can come as quite a shock to people to find out that they're HIV positive.

The next thing you would do was to ensure linkage to medical care.

You can do that using a high impact prevention intervention or service such as the Artist intervention which helps link people to care.

You can also refer somebody to a navigation program

and you can actually start your navigation program for positives at the point in which the person is told that they're HIV positive.

The navigation program can provide support, but the navigation program can also make sure

that the person is linked to partner services, which is provided by health departments as well

as make sure that the person gets referred to integrated screening

such as STD viral Hepatitis and TB.

Now, what would you do with a person who is HIV negative, but is a high risk person?

Well, your assessment may reveal that this person in fact has high levels of HIV risk even if they tested HIV negative. In this program we are allowing

you to refer this person to a navigation program for HIV negative persons.

Now, that program should try to get individuals into PrEP, and/or nPEP.

Also refer to STD viral Hepatitis and TB screening and other HIV interventions

such as risk reduction interventions and services that are needed.

Now, your HIV staff, you know, that will be delivering your HIV services needs

to be managed, you need to have a manager or supervisor

that actually runs your HIV testing program. And we say this because testing is a major required activity of this program announcement so there needs to be somebody

to run this program. They need to have HIV prevention and care experience,

but they also need to have experience and knowledge of HIV test technology such as rapid testing

and understand how the testing is done. Now, they will also need the ability to facilitate relationships with state and local health departments, because the testing does not occur in a vacuum, testing occurs frequently in partnership with the Health Department. Part of the activities that they need to

do is to make sure that there's a protocol for confirmatory testing of HIV positive persons. Whoever is managing your program also needs to be aware of all data collection

and data submission requirements. They also should be actively involved in trying to seek reimbursement from third party payers for the HIV test.

They should be involved in referral for partner services to health departments

which provide this service, along with STD, Hepatitis and TB referrals.

And then finally referrals to high impact prevention interventions and services.

Now, there should be staff that work in your testing program

and these counselors should be trained to provide HIV testing,

they should facilitate linkage to medical care and referral

such as high impact prevention services such as Artist.

They also may, it's not required, but they also may provide couples HIV testing

and then they also deliver the personalized cognitive counseling

or PCC intervention to repeat HIV testers.

You will need to have a quality assurance plan and approach to your testing program,

but I'm just going to point out that that plan and that approach should have compliance

with local and state standards, you also need to be aware of confidentiality

and data security issues when you're actually doing testing

and collecting data on individuals.

Now, we said earlier that couples HIV testing and counseling is an optional activity.

So under this under this program announcement if you wish you can do couples HIV testing.

And it's recommended when providing HIV testing with couples and it's offered when two

or more persons who are currently in or planning to be

in a sexual relationship request to be tested together.

We also would recommend that you think about using the HIV testing

with personalized cognitive counseling this is used in combination

with HIV testing you always do PCC with HIV testing.

And it's conducted with MSN and/or transgender persons who are repeat HIV testers.

It helps break that cycle of people who test negative, then have high risk behaviors,

and then come back and try to get another HIV test because they're very nervous

about what their behaviors were and this intervention helps break that cycle.

We have two websites that we'd like to refer you to two, they're two CDC websites,

one on HIV testing and one on HIV rapid testing, and these may help provide you more information

as you're developing your grant application.

Now, once you've done the major component which is HIV testing, it is required,

you must do HIV testing as part of this program you can move to the second part

which is HIV prevention with HIV positive persons.

And of the funds that are now left over after you pay for your testing program those funds

that are left over you should spend 75 percent of those funds

on HIV prevention with HIV positive persons.

The first thing we're going to talk about here is linkage to care and this is one

of the first steps you take with HIV positive persons.

It is required, you must have a linkage to care component, and you must link 90 percent

of new HIV positive people into medical treatment within three months.

Now the Artist approach is optional.

You can use Artist or you can use your own linkage to care program.

We do recommend the Artist since it is an evidence based program.

It's a strength based program that builds on client's strengths,

you can have up to five sessions to get the person into treatment,

but most counselors are able to get a positive person into medical treatment with two sessions.

Also in terms of working with HIV positive persons you can have a navigation program,

and that navigation program should work to overcome barriers with linkage,

retention and reengagement in HIV medical services.

When we talk about navigation for HIV positive persons this is a required --

there are required services that the navigation program should do.

One of these is partner services, which needs to be coordinated with the Health Department.

Also, the navigator can work to help support medication adherence services

and the navigator may deliver HIV interventions.

They can refer somebody to an HIV intervention or they can provide the intervention themselves,

the navigator can provide the intervention.

Two interventions for positives that can be provided

by navigators are the clear intervention,
as well as the start intervention

for HIV positive persons who have been
released from criminal justice settings.

Now, there are some recommended services
that your patient navigator can do.

And one of these is to ensure
navigation and enrollment in insurance.

And with the Affordable Care Act, persons
can now sign up for health insurance

that have preexisting conditions
such as HIV infection.

And they can also ask for supplement
to pay for their health insurance

if they're a low income individual.

So a navigator can help get a person
enrolled, in health care insurance

through the Affordable Care Act
and through one of their exchanges.

They also can provide referral and essential
support services such as housing, mental health,
substance abuse, transportation and employment.

And in this slide I show you the
standards of navigation as they apply

across the full continuum of HIV care.

And really what I want you to see from this
slide is that as you look at the HIV continuum

of care, navigators can help
clients across the full spectrum.

Now, one note about training:
It is really not necessary

to attend training before you write
your grant and before you respond

to this funding opportunity announcement.

Training specific to this program
announcement, 15-1502, will be made available

to funded organizations after
the receipt of notice of award.

So if you receive one of these grants we
will make sure, the CDC will make sure,

that your staff is trained in the interventions
that you wish to implement with your funds.

Now, there is online training is available
for many of the interventions listed

in this program announcement, and you
can go on to effectiveinterventions.org

and there you may find online interventions
that will help you understand the interventions

and determine which might be best for
your program and which you should include

in your funding opportunity
or funding announcement.

Now, let's talk about some of the high impact
interventions for HIV positive persons.

Well, as you see there's a list of
interventions here, some of which were developed

for HIV positive persons
specifically and then some

of which can be adapted for HIV positive persons.

So we're going to go through this process.

The first of these is the clear intervention which is a case management intervention.

There are five course sessions, but there are 18 additional sessions that are needed depending

on if the person has problems with addiction or housing,

other problems that you can address in the navigation process.

This is really a good intervention for navigators because they're seeing the client

and they can use the clear intervention to help the client with appropriate decision making.

Now, let's talk about the willow intervention.

This is an intervention for women and it was originally designed for HIV positive women.

However it can be adapted for HIV positive trans women.

Now, the original intervention which was designed to enhance coping skills

and to increase safer sex skills, however the new willow intervention we are adding something

to the intervention, we're adding medication adherence

and treatment retention to the willow intervention.

And so if you get funded to do this intervention, the willow intervention,

when you get trained on it the intervention will focus on risk reduction, but will also focus

on medication adherence and staying in treatment.

The healthy relationships intervention is a small group level intervention and it's done in groups of HIV positive men and women.

And the intervention deals with disclosure of HIV status to family and friends

to sexual partners and then building healthier and safer relationships.

Partnership for health is an intervention that is delivered in a clinic.

And originally the intervention was designed to be delivered by the physician and the clinic.

However it can be delivered by others such as nurses,

nurse practitioners and others in the clinic.

It's a very short intervention it takes three to seven minutes

and it should be delivered each time that the client comes into the clinic.

Now, to apply for these funds, under 15-1502 you just must have some kind of service agreements

with a clinical partner so consider that this intervention may be appropriate

that your clinical partner in your grant may be willing to deliver the partnership

for health intervention to their HIV positive clients.

The next intervention I want to talk about is the connect intervention.

And we are now focusing the connect intervention for a positive living.

Is it for MSM or heterosexual HIV discorded couples.

And there are three goals, we want to increase the quality of care

for the HIV positive partner, we want to make sure that we prevent HIV acquisition

by the negative partner, and we want to make sure

that antiretroviral therapy is supported for the HIV positive partner.

So it is for heterosexual couples, it is for MSM couples where one is positive

and the other is negative and then it focuses on these three goals.

Project start is our intervention for HIV positive prisoners.

We're focusing this intervention now on positive prisoners

and it's a case management intervention it can be done by a navigator,

a navigator can do project start.

And the intervention supports linkage to retention in

and reengagement to HIV medical care.

It can help also make sure that the person is adherent to their medication

and it also supports safer sex for newly diagnosed HIV positive persons.

The intervention because it's a navigation type of intervention you can also focus on a range

of things that ex- prisoners, HIV positive prisoners need.

Such as housing, substance abuse treatment, mental health services, insurance;

many prisoners who are HIV positive and get out of prison have no health insurance.

So project start can help with that process.

There are -- project start has six sessions,

two sessions are done before the HIV positive prisoner gets released from prison

and four sessions are done afterwards, however the intervention can continue,

there can be additional services if needed by the client.

Now, we're going to talk a little bit about our medication adherence intervention.

Now, under 15-1502, you must have some kind of medication adherence,

it is required that you do some kind of medication adherence program.

Now, we would recommend that you look at some of the evidence based approaches

that the CDC has worked with and we're going to go over those now,

but remember these are suggestions, they are optional, you don't have to use one

of the CDC programs, evidence based programs, but if you don't use one

of our programs then you need to have a well designed medication adherence intervention

for your clients.

So the first -- let's just talk about what is HIV medication adherence.

And basically it's the extent to which an individual takes the prescribed doses

within a prescribed interval over a given time period.

And it's very important for people to be able to have suppressed viral load

and to reduce transmission to others.

Now, I've got a list her of the medication adherence interventions

and we're going go through those one by one.

The first of these is heart, it's a five session intervention, it's a group level intervention

and it's designed for young people who are -- who've just been identified as HIV positive

and they have not yet started treatment.

So it's recommend that they go to two groups, heart groups,

before they start taking their medication and then three of the groups after they do it.

So -- and there should be contact.

The intervention could be delivered by a navigator,

a navigator could bring people together and deliver this intervention,

this group level intervention, to support people who are just starting their HIV medications.

The next is peer support.

Now, I think this intervention can be delivered

by almost any community based organization in the country.

In this intervention you take HIV positive persons and you have them in a group

and they support each other in terms of taking their HIV medications.

You need to have a staff member in the room, but the staff member does not lead the group,

the staff member only corrects mistakes or misstatements that might be made in the group.

But for the most part it's led by HIV positive people, for HIV positive people

as they support each other in staying on their HIV medications.

The third one we're going to talk about is partnership for health.

Now, earlier you noticed I talk about partnership for health risk reduction,

which is an intervention delivered by the physician,

it's a three to seven minute intervention around risk reduction.

Well, there's another partnership for health and it's for medication adherence.

It's very brief, it's three to five minutes, it can be provided by the physician,

it can be provided by the nurse or a nurse practitioner.

The intervention has brochures, posters and other communications tools,

to help support adherence in the clinic.

Now, if you apply for funding under 15-1502 you do have to have service agreements

with a clinical provider and so you may want to talk with that clinical provider

about whether they wish to deliver the partnership

for health interventions either the risk reduction one or the medication adherence one.

Now, the fourth of the medication adherence interventions

that we're going to discuss is smart couples.

And this is an intervention for couples, it's an intervention that has four sessions and lasts

over a five week period and it encourages adherence in the relationship adherence

to medication and the partners support each other in terms of taking their HIV medications.

Now, the last thing I want to talk about is the every doze every day mobile application

or mobile ap.

The CDC has developed a mobile app called every dose, every day, it can be downloaded

from the Google store, it can be downloaded from the Apple store.

This app can be put on your smart phone and it can remind you to take your medication,

it can remind you of clinic visits,

it can remind you to get your medications refilled at the pharmacy.

You can also use it to track your viral load and CD4 levels

and it can also include other tips about health and wellness.

We would -- because this is free, you can recommend it to all of your clients

that test positive and we would strongly encourage you to think

about using every day doze every day in your program.

Now, let's talk a little bit about HIV prevention with high risk HIV negative persons.

Now remember the first component, required component, is HIV testing.

So when you're writing your grant, first figure out how to do your testing program.

Then with the money that is left that you can spend, go ahead and devote 75 percent

to services for HIV positive persons.

But you can devote 25 percent to services for HIV high risk HIV negative persons.

So now we're going to go over that part.

The first of these is this grant
will allow you to provide navigation

for high risk HIV negative persons.

Now, what might that involve.

Well, first of all there are some required
services for navigation for high risk negatives.

The first of these would be to make sure
that the person gets referred for screening

such as STD, Hepatitis, and Tuberculosis,
however, you can also, the navigator can also,

refer to Pre-Exposure Prophylaxis
or PrEP as appropriate

or nonoccupational post exposure
Prophylaxis or in nPEP as appropriate.

Now, when we say as appropriate, it
means is this available in the community

and is it appropriate for the specific client,

so if it is appropriate you can
refer for PrEP and nPEP services.

Now, there are other recommend services such
as helping a person get health insurance

through the Affordable Care Act, your navigator
can help a negative person go on to one

of the health exchanges and get health
insurance, but there are a range

of other services, including housing, mental
health, substance abuse, transportation,

and other interventions that can be provided for HIV negative persons.

Now, here's a list of the high impact prevention interventions

for high risk HIV negative persons.

Now, this list is specifically for HIV negative persons,

but some of these interventions can be used with HIV positives.

And as such as you can use them for the 75 percent of your funding where as if you're going

to be approaching negatives you would use them for the 25 percent of your funding.

So let's go through these.

The first of these is community promise, it's a community level intervention

and it uses community mobilization and role model stories that are small media

and it distributes risk reduction supplies such as condoms and bleach kits.

The role model stories show people moving through the stages of change.

The original research on community promise showed people moving through the stages

of change through safer sex behaviors.

However, you can write role model stories about people moving through the stages of change

for HIV testing, linkage care, retention and reengagement care,

adherence to their medication, getting on to PrEP, getting on to nPEP as well

as safer sex practices or use of essential support services.

Role model stories can be written to support movement along the full continuum of care.

Now, the popular opinion leader is an intervention that we disseminated

for many years, it is a community level intervention, you identify people

in the community who are popular opinion leaders who can sway the opinions

of others and who influence the community.

Now, originally the intervention was designed to support safer sex,

so the popular opinion leaders would support safer sex among their friends and associates.

However the new approach to popular opinion leader is that the intervention can be used

to support HIV testing, linkage to medical care, retention, and reengagement in medical care,

art adherence, PrEP, nPEP, as well as safer sexual behaviors.

So the popular opinion leader can endorse a range

of health seeking behaviors along the continuum of care.

Let's talk about empowerment.

It's a group and community level intervention that focuses on young MSM and bisexual men.

It's really run by a group of young gay men who design and carry out the activities,

it has a range of activities informal and formal outreach, there's discussion groups,

recreation of safe space and social opportunities,

there's a social marketing campaign, so there is a range of activities that are involved

in the empowerment intervention for young MSM and young bisexual men.

However, the new approach to empowerment, says that really we need to think also

about how would we adapt this intervention for HIV positive MSM

who are actually integrated throughout the full gay community.

So the intervention has taken on other outcomes and goals

such as how do we link HIV positive people to medical care and support services.

How do we support safer sex behaviors among HIV positive MSM.

How can we help them maintain adherence to their medication.

And how can we use the empowerment program to promote PrEP

and nPEP among young gay men and young bisexual men.

The many men many voices is a cultural program, culturally specific program

that was designed for African American MSM.

And it's group level intervention and the intervention originally focused

on safer sex behaviors however we're adding a PrEP update

because young gay men of color don't know about PrEP.

And so the many men many voices intervention tells them what is PrEP

and how they might be able to take PrEP to be able to protect themselves from HIV infection.

The D-up intervention is a culture adaptation of the popular opinion leader it uses --

it was tested for African American MSM and in the same way

that the popular opinion leader can be used to endorse testing, linkage care,

medication adherence, and retention,

and care the D-up intervention can also support those types

of behaviors including encouraging people who are HIV negative,

but at high risk to consider PrEP.

The personalized cognitive counseling intervention which you frequently see

as TCC is always done with HIV testing.

It's an intervention that cannot exist without HIV testing, it's always done with testing

and it's done for MSM or transgender persons who are repeat HIV testers.

So they've been tested, they were told they were HIV negative, and then they want out

and had unprotected anal intercourse with a partner of unknown or positive status.

And so they've come back to get tested again.

So the intervention is an effort to break that cycle of testing then going out

and having risk behaviors and then coming back and getting tested again.

The voices intervention is one of our older interventions, it is a 22 minute film

and a 23 minute discussion group, so the whole intervention can be done in 45 minutes.

When working with MSM with the voices intervention we strongly recommend the Safe

in the City video which has gay and bisexual characters to help people move forward

with protecting themselves against HIV infection.

The voices training has online training so that you can go online at effectiveinterventions.org

and take training on the voices intervention and in the comfort of your own office.

Now, for those who are funded to do this program we would also like to offer you something

and that is the safe in the city intervention, it is waiting room intervention

that can be done in the waiting room of a clinic.

So because you have to have a memorandum of understanding or a service agreement,

with a clinical provider when you submit your proposal, your funding proposal,

you may want to think about talking to the clinical provider about using safe in the city

as one of the things that they show in their waiting room to help show people moving

through the stages of moving towards safer sex behavior.

Now, the sister to sister intervention is an intervention

that is used with HIV negative women.

It is an intervention that can be delivered by one

of your clinical partners particularly if they see women at high risk.

The intervention is delivered by nurses, but it can also be delivered by nurse practitioners,

it can be delivered by social workers or health educators in the clinical setting.

So it's a short intervention, roughly takes 20 minutes, it's very brief,

it's one on one the nurse delivers the intervention two women

in the examination room before the physician comes into room.

Now, we want to just point out that all of the high impact prevention interventions can be adapted for transgender persons.

So if you wish to work with transgenders as one of your target populations we would recommend

that you look at the interventions, they can be adapted for transgender populations

and we will offer you capacity building and technical assistance

to help adapt the intervention for your particular trans population in your community.

The final components of this is condom distribution.

Condom distribution should be a required part of the program, they should be given free

of charge, and really you should think about all of the services that you provide, navigation,

testing, whatever services you provide you should make sure

that condoms are available along with all of those services.

We do have a resource for you and that's the high impact prevention intervention resources

that can be found on effectiveinterventions.org.

We have distance learning there, we have resources about each of the intervention

and descriptions of the interventions which may help you write your grant.

Thank you very much for your time as we went over the interventions

that you can implement with 15-1502.